



MEDICATION ADMINISTRATION FORM

DRUG ADMINISTRATION

SUMMER CAMP / RESPITE			
PARTICIPANT			
First name		Last	
Birth date		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A
Health insurance #		Expiry date	
MEDICATION			
Name of medication	Reason	Schedule/period	Dosage (mg or ml)
Comments (if dosage is "as needed" please elaborate)			
AUTORIZATION			
I acknowledge that the information described above is correct and I authorize the person in charge of health care, or his or her agent if any, to administer medications at the dosage and frequency indicated.			
Name of parent or guardian	Parent's or guardian's signature	Date	
Administration use only			
Chalet:		Monitor:	
Notes:			



À L'ÉTAT *Naturel*

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